
Section 6 – Increasing Coordination Among Schools, Clinics, Child Care Settings, and Managed Care Plans

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Summary

King County Asthma Forum (KCAF) and its core Allies Against Asthma (AAA) project carried out a number of activities to increase coordination across organizations that care for and educate children with asthma, including: developing referral protocols across levels of care, developing common educational messages, promoting a unified approach to training, developing and promoting a common asthma action plan, and in general promoting *standard* approaches to asthma.

Accomplishments of the coordination effort include:

- **A range of service providers** have committed to coordinating care.
- **Communication systems were developed** for linking Community Health Workers (CHWs), the Asthma Management Coordinator (AMC), clinics, child care sites, and schools.
- **A phone triage line was set up** for responding to requests for services.
- **A Cross Project Coordination committee was formed** to coordinate communication, recruitment, referrals, and triage to asthma services.
- **The Asthma Management Coordinator (AMC) coordinated care for 89 families** (Based on the number of first contacts from July 2003 through April 2005). On average, four families per month were having their care coordinated by the AMC.
- **Ninety callers were referred to KCAF programs** and other community resources through the phone triage line between January 2003 and June 2005. (The phone triage line received a total of 572 calls from Jan 2003 through August 2005, most of whom were referred to AAA or mailed information).

Description of Coordination Activities

One of the King County Asthma Forum's primary goals through Allies Against Asthma (AAA) was to increase coordination across organizations that care for and educate children with asthma. Coordination strategies developed during AAA included: initiating a Cross Project Coordination group that developed recruitment and referral protocols; supporting an asthma services triage line; developing referral protocols among asthma-related projects, developing common educational messages, promoting a unified approach to training, promoting a common asthma action plan, and in general promoting standard approaches to asthma. This section briefly describes the AAA coordination activities.

Cross Project Coordination group. A number of asthma projects were underway during the period of AAA funding, including: Healthy Homes II, Better Homes for Asthma (projects sponsored by KCAF), the Seattle Asthma Project, Asthma Care Training (ACT), and the Master Home Environmentalist program. KCAF members raised concerns about the potential confusion and competition that could emerge as concurrent programs commenced operations. In response to those concerns, the KCAF developed a Cross Project Coordination group (CPC) in late 2002 to coordinate client recruitment, cross referrals, and communication about asthma services in King County. CPC members included representatives from AAA, all sponsored KCAF programs and any other organizations that wished to coordinate their asthma services.

The CPC developed a recruitment protocol for projects to minimize potential competition for clients. Through the CPC, the projects also developed simplified messages to inform people about asthma services available in the county. These messages formed the basis for a KCAF asthma services poster ([link to poster](#)) that was displayed in schools, clinics, social service programs and other locations, and a flyer that was sent home each fall to nearly 20,000 elementary and middle school students. The poster and flyer were designed to emphasize services, rather than programs, since funding for programs is often short term and services may be sustained over time by different entities. The CPC currently does not meet, but may recommence regular meetings if the need for coordinating new referrals presents itself, such as when a new intervention or project begins.

Asthma services phone triage line. The CPC recognized the difficulty that community members would have in sorting out the exact services provided by different programs and eligibility criteria for each program. To simplify access to asthma services, the CPC developed an asthma services triage line and accompanying triage protocol. The AAA Community Health Workers (CHWs) staffed the triage line, which made it accessible to people speaking Vietnamese, Spanish, and English. When the CHW received a call they would assess the needs of the client and refer him/her to the program that best fits his/her needs. KCAF is attempting to continue the phone triage line, with funding from Steps to Health- King County, though with reduced capacity.

Development of common educational resources and protocols to promote delivery of consistent, reinforcing health education messages. In 2002, an ad hoc work group of the KCAF reviewed many asthma education materials and identified the most appropriate products for the KCAF programs to use. The KCAF provided packets of the materials to clinics partnering with KCAF in an effort to standardize and reinforce educational messages. All KCAF home visiting programs utilized the same self-management and home environmental education protocols. Toward the end of AAA, the Master Homes Environmentalist Program began using them, as well. ([*link to examples of educational materials and protocols*](#)). Through Tools for Schools, child care environmental assessments, and the home visiting programs, the KCAF is promoting common messages and providing common resources about indoor environments and asthma.

Promoting standard approaches to asthma medical care. Through the Learning Collaborative operated by AAA, NHLBI guidelines and systematic tracking of patient care was promoted to facilitate standard medical care for children with asthma. KCAF has also promoted the guidelines to over 200 providers who have participated in “asthma evidence to practice” education sessions.

Care coordination. Community Health Workers and the Asthma Management Coordinator helped coordinate care for individual clients. The Community Health Workers taught clients how to communicate with their providers to obtain clear and consistent asthma information and action plans. In some instances, CHWs also communicated with providers or schools to coordinate care on behalf of patients. CHWs and the Asthma Management Coordinator also encouraged caregivers to communicate with their childrens’ schools and child care providers to insure they had the necessary information and tools to manage the child’s care. In situations where there were problems with care coordination, the Asthma Management Coordinator assisted with care coordination by communicating with the provider or clinic nurse/MA regarding a child’s symptoms, medication, and treatment plan clarification. The Asthma Management Coordinator position ended in June 2005.

Joint training and case conferencing to promote coordination and reinforce common messages. KCAF programs provided forty hours of initial training over several weeks for their Community Health Workers and other staff, as well as ongoing training and biweekly case conferencing. Topics addressed the full range of information and skills that Community Health Workers need to be effective educators and advocates (i.e. self-management, home environmental triggers, motivational interviewing). All trainings were open to members of the KCAF. The intent of the joint trainings and case conference were to efficiently use resources, promote consistent educational messages, and build referral linkages among participating projects.

Development of a common asthma action plan for use by schools, clinics, Community Health Workers and childcare sites. KCAF developed an action plan in consultation with asthma champions, CHWs, school liaisons, caregivers of children with asthma, and KCAF member organizations. Some members of the Steering Committee requested that the KCAF endorse the plan and encourage organizations across the county to adopt the

plan in lieu of any others in use. Many members were unwilling to support this request, given that their organizations preferred use of a different plan. Despite those barriers, AAA and two other KCAF programs used the same action plan, developed by RAMP of California. A number of AAA Learning Collaborative clinics also chose to use the same plan. The steering committee dropped the goal of adopting a common plan in 2004. *(Note - add link to action plan).*

Measuring Progress in Coordination

The measures of success in the AAA coordination effort are related to process indicators, intermediate outcome indicators and client satisfaction. It was not possible to systematically measure the impact of coordination efforts on long-term outcomes such as symptom days and health services utilization.

Process Indicators

Process indicators include: development and use of common asthma educational resources, the extent to which a common action plan was adopted across organizations, types of communication systems developed, and degree of communication across various sectors of the community.

Development, adoption and promotion of a **common action plan**:

- KCAF was not able to adopt or implement a common action plan, though it did develop an action plan with stakeholders and attempt to adopt it.
- KCAF provides the clinics it works with and the home visiting programs it operates with the same action plan, and some of clinics use it.

Development and use of **common educational resources and protocols** by relevant organizations:

- Adopted in the spring of 2003.
- Common educational materials used by families, clinics, and CHWs on their home visits, in partnering with clinics, at health fairs, and on the KCAF website.
- 24 educational protocols in use by four different asthma projects in King County.

Promotion of care coordination and referring community members to appropriate resources:

- The Asthma Management Coordinator (AMC) coordinated care for 89 families (Based on the number of first contacts from July 2003 through April 2005). On average, four families per month were having their care coordinated by the AMC.
- Ninety callers (from January, 2003 through June, 2005) were referred to KCAF programs and other community resources through the phone triage line. Appropriateness of referrals was not evaluated. (The phone triage line received a total of 572 calls from Jan 2003 through August 2005; most were referred to AAA or mailed information).

Enhanced communication among sectors and projects:

- KCAF Cross Project Coordination committee met bi-monthly through 2004.
- Asthma Management Coordinator held bi-weekly case conferences and joint trainings with the 3 home visiting programs involved in the KCAF, to review cases and cover home visit protocols.
- Referral communication system (asthma services phone triage line) to coordinate access to asthma services.
- Referral communication system (Asthma Management Coordinator and CHW protocols) established in 2002 that integrate AAA services with clinics and schools.
- The extent to which cross sector communication occurred and its effectiveness was not evaluated.

Client Satisfaction

Key informant interviews with CHW families gave some indication of client satisfaction with the care coordination process. The results presented below were taken from the September, 2004 Caregiver Key Informant Interview Report conducted by the AAA Project Director and focus mainly on how the CHW helped coordinate asthma care.

Of the 20 families interviewed, seven said that the CHW coordinated asthma management services for them, 9 said they did not receive help with coordinating services and 4 were not sure. However, of the 9 who said they did not receive asthma coordination help, 2 said they were able to coordinate services on their own and a third said the CHW taught them how to talk with the doctor and the pharmacist.

Examples of what the CHW did to coordinate services included:

Talked with our doctor at the clinic – now everything is coordinated and runs smoothly.

“Had them send me a letter” (A Spanish speaking parent got a letter from the doctor to take to the child’s school, so now feels that the schools knows about her son’s asthma and she does not have to worry about him so much).

KCAF Member Views

Key informant interviews were conducted (by Battelle) with a diverse group of stakeholders between October and December 2004. Respondents included KCAF leaders, members, outsiders, and staff. The comments related to coordination and expressed satisfaction with the functioning of the Cross-Project Coordination Committee and phone triage line.

The cross-project coordination has been immensely useful. I thank our IRB for cross-project coordination. They said we could not just pass names around between different projects so they forced us to sit down and work out some good ways to share activities and referral mechanisms that work and that the IRB approves.

There was certainly more coordination of the projects going on in our target area than there would have been without the coalition clearly. The fact that there is one phone number that consumers and clinicians can call now is a huge benefit - somebody who now has an overview of all the various things and who's eligible for what. I remember that all these things were confusing before so I didn't access things a lot for my patients.

Lessons Learned

In the course of implementing the coordination activities, we learned a number of lessons.

- **Incentives are important for promoting coordination.** KCAF learned that unless there are incentives, which may include improved care for clients/patients as well as monetary incentives, people are far less likely to expend energy and resources to coordinate.
- **Projects must be willing to expend resources** and give up some control to achieve coordination. Cross project coordination efforts often require individuals to set aside their organizational agendas for the benefit of the collaboration, and are very time-intensive.
- **A coalition is a valuable tool for promoting coordination.** The level of coordination that is being pursued would not be possible without the input of coalition members whose backgrounds and experiences provide the variety of perspectives necessary for success. Having a key coordinating body facilitates coordination and standardization. The Cross Project Coordination committee was an essential vehicle for resolving issues and mobilizing support for coordination across projects.
- **Implementing a common action plan is challenging.** Some organizations use their own action plans and are unwilling or unable to use a common plan. It was not feasible to achieve the original Steering Committee goal of adopting and implementing one common action plan across KCAF member organizations. The goal was revised to allow for different plans to be used.
- **Educate organizational partners about HIPAA and IRB restrictions,** so that misunderstandings about restrictions related to patient confidentiality do not create barriers to coordination.
- **Coordination requires detailed and specific protocols** and mechanisms that are incorporated into every day practice.
- **On an individual level, care coordination resolves gaps in care.** The Asthma Management Coordinator and interviews with caregivers provided a number of examples of how gaps in care were resolved.
- **It proved beneficial to emphasize services rather than projects in recruitment materials.** Once AAA and other projects' funding ended it was not necessary to redevelop the poster and flyers because other projects are sustaining many services.

- **Improving coordination and integration of services may be a more effective role for coalitions than service delivery**, as coordination and integration strategies most likely require fewer resources than service delivery and may produce more institutionalized systems changes.